

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/727.605
Filing Date	12-05-2003
First Named Inventor	Marcin Kasprzak
Art Unit	1742
Examiner Name	KASTLER, SCOTT R
Attorney Docket Number	1560P02US02

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 59863

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

59863

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Marcin Kasprzak

Date

JULY 06, 2006

Telephone

+48 52 2427 228

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 3 forms are submitted.

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59893

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59893

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Wojciech Kasprzak

Date

JUNE 27, 2006

Telephone

(519) 964-4956

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Jerzy Sokolowski

Date

JUNE 27, 2006

Telephone

(519) 250-4620

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